

## PART B—ISSUE FEE TRANSMITTAL

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

|   |  |  |  |
|---|--|--|--|
| 1. CORRESPONDENCE ADDRESS   |  | 2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)       |  |
| SKJERVEN MORRILL MACPHERSON<br>FRANKLIN & FRIEL<br>SUITE 700<br>25 METRO DRIVE<br>SAN JOSE CA 95110 |  | INVENTOR'S NAME  |  |
|   |  | Street Address   |  |
|   |  | City, State and ZIP Code   |  |
|   |  | CO-INVENTOR'S NAME   |  |
|   |  | Street Address   |  |
|   |  | City, State and ZIP Code   |  |
|   |  | <input type="checkbox"/> Check if additional changes are on reverse side |  |

|                        |               |              |                             |               |
|------------------------|---------------|--------------|-----------------------------|---------------|
| SERIES CODE/SERIAL NO. | FILING DATE   | TOTAL CLAIMS | EXAMINER AND GROUP ART UNIT | DATE MAILED   |
| 08/374,272             | 01/17/95      | 017          | BRITTON, H                  | 2615 07/09/95 |
| First Named Applicant  | IDAN, GAVRIEL |              |                             |               |

TITLE OF INVENTION VIVO VIDEO CAMERA SYSTEM

|                   |                |           |             |              |                          |          |
|-------------------|----------------|-----------|-------------|--------------|--------------------------|----------|
| ATTY'S DOCKET NO. | CLASS-SUBCLASS | BATCH NO. | APPLN. TYPE | SMALL ENTITY | FEE DUE                  | DATE DUE |
| 2 M-3171-US       | 348-076.000    | B89       | UTILITY     | NO           | \$1,290.00<br>XXXXXXXXXX | 10/09/96 |

|   |  |
|---|--|
| 3. Correspondence address change (Complete only if there is a change) | 4. For printing on the patent front Skjerven, Morrill, MacPherson, page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed. |
|   | 1 <u>Franklin &amp; Friel</u><br>2 <u>Forrest E. Gunnison</u><br>3 _____   |

DO NOT USE THIS SPACE

820 TL 19-2386 10/25/96 08374272  
 82269 142 1,290.00CH  
 82270 561 33.00CH

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE: State of Israel, Ministry of Defense, Armament

(2) ADDRESS: (CITY & STATE OR COUNTRY) Development Authority - Rafael  
ISRAEL

6a. The following fees are enclosed:  
☐ Issue Fee ☐ Advance Order - # of Copies \_\_\_\_\_

6b. The following fees should be charged to:  
 DEPOSIT ACCOUNT NUMBER 19-2386  
 (ENCLOSE PART C)  
☒ Issue Fee ☒ Advance Order - # of Copies 11  
☒ Any Deficiencies in Enclosed Fees

- A. ☐ This application is NOT assigned.  
☒ Assignment previously submitted to the Patent and Trademark Office.  
☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

**PLEASE NOTE:** Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature) Forrest E. Gunnison (Date) 10/9/96  
 Forrest E. Gunnison, Reg. No., 32,899

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

1. TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE

## Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE  
Commissioner of Patents and Trademarks  
Washington, D.C. 20231

on October 9, 1996  
(Date)  
Robert Parker  
(Name of person making deposit)  
Robert Parker  
(Signature)  
October 9, 1996  
(Date)

Note: If this certificate of mailing is used, it can only be used to transmit the Issue Fee. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Office of Information Systems, Patent and Trademark Office, Washington, D.C. 20231, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, (Project 0651-0033), Washington, D.C. 20503. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Box Issue Fee, Washington, DC 20231.